

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

3682
35

State File No.

No. 300
10.48

FILED FEB 7 1949

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Rural-Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Rural-Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4 mi east of Marshall, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi east of Marshall, Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>Thomas Benjamin Harris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 25, 1864</u>	9. AGE (In years last birthday) <u>84</u>	10. IF UNDER 1 YEAR Days <u>6</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired minister</u>			11. BIRTHPLACE (State or foreign country) <u>Saline County, Missouri</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>Methodist</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Henry Hook Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Staples</u>		14. NAME OF HUSBAND OR WIFE <u>Verbia Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ben Pemberton, Marshall, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral regurgitation</u> DUE TO (c) <u>X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1947 to Jan. 25, 1949, that I last saw the deceased alive on Jan 20, 1949, and that death occurred at 2:45 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. L. Lewis</u>		23b. ADDRESS <u>1114</u>		23c. DATE SIGNED <u>1-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Jan 27-1949</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>		385	
		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CAMPBELL-LEWIS, MARSHALL, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

28
RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-3-49

FEB 9 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.